## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AS FILED AFTER I" AMENDMENT 2 MAMENDMENT AS FILED AFTER I"AMENDMENT IND. 2 MAMENDMENT DEP. IND: DEP. IND. DEP. IND. DEP. IND. DEP IND. DEP. 24. $4\overline{0}$ TOTAL IND. TOTAL IND

TOTAL DEP

TOTAL

TOTAL

CLAIMS

**(13**